POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		7633	
O.I.P.E. CLASSIFIER		2	4/9/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	59533		6-7-00

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim Final	Original	Date							
	1	✓	✓	✓	✓				
	2	✓	✓	✓	✓				
	3	✓	✓	✓	✓				
	4	✓							
	5	✓	✓	✓	✓				
	6	✓	✓	✓	✓				
	7	✓	✓	✓					
	8	✓	✓	✓					
	9	✓	✓	✓					
	10	✓	✓	✓	✓				
	11	✓	✓	✓					
	12	✓	✓	✓	✓				
	13	✓	✓	✓	✓				
	14	✓	✓	✓	✓				
	15	✓	✓	✓	✓				
	16	✓	✓	✓	✓				
	17	✓	✓	✓	✓				
	18	✓	✓	✓	✓				
	19	✓	✓	✓	✓				
	20	✓	✓	✓	✓				
	21	✓	✓	✓	✓				
	22	✓	✓	✓	✓				
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Claim Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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